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## The Effect of Values Clarification on the Level of Self-Actualization in Nurses

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THE EFFECT OF VALUES CLARIFICATION ON THE  
LEVEL OF SELF-ACTUALIZATION IN NURSES

by

Sharon M. Van Lanen

A Thesis Submitted to the Faculty of the  
Graduate School of Nursing of  
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## VITA

The author, Sharon M. Van Lanen, is the daughter of Harvey and Janice Van Lanen. She was born March 23, 1950, in Chicago, Illinois.

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## CHAPTER I

### INTRODUCTION

The ethical dilemmas facing the individual nurse today are staggering, ranging from quality-of-life situations to personal decisions about collective bargaining and unions in nursing. Nurses are not only faced with these and other situations of equal difficulty, but are required to assess, make decisions and be accountable for their actions regarding them. Every decision, and its consequent actions made by a nurse, is based upon consciously and unconsciously held beliefs, attitudes and values (Simon, Howe & Kirschenbaum, 1978, p. 13). Frequently values are unclear and when faced with pressure to assume a professional behavior which conflicts with a personal value, frustration, conflict and confusion often result. These conflicts cannot help but influence the quality of patient care.

The emotional maturity and mental health of the individual nurse can be an important factor in the nurse's ability to cope with the stresses and dilemmas encountered in her professional role. Growth in the area of positive mental health would presumably have positive effects both directly on the nurse and indirectly on the patients she encounters. The process and achievement of psychological

health or well-being is often referred to as self-actualization.

Self-actualization is a concept described by many psychologists in their attempt to explain man's growth, strivings and motivations. According to Horney (1937), an individual, if given a chance, tends to develop his particular potentialities and will grow toward self-realization. Maslow (1954) uses the term self-actualization to mean "a man's desire for self-fulfillment . . . to become everything that one is capable of becoming" (p. 92). He has identified self-actualization as the highest need in his hierarchy of needs, but indicates that any true need gratification can be considered part of the self-actualizing process.

Maslow was one of the first and strongest supporters of the concept of studying man, not only in relation to illness, but in relation to health. He believed that mental health was more than the absence of mental illness and attempted to identify what factors motivate man towards positive mental health, or self-actualization, in his theory of human motivation.

What factors has nursing identified that will foster and support the process of self-actualization? One attempt at helping nurses grow emotionally has been the values clarification approach. Values clarification is a process through which an individual can discover

what is meaningful to him. Its goal is to facilitate self-understanding and to foster the identification of significant values (Steele & Harmon, 1979, p. 1). The individual accomplishes this by participating in a series of exercises or strategies in a small group setting which helps him choose values that are a reflection of his beliefs. The experience is positive in its approach and is intended to be personally validating for the participant. Values clarification leads to behavior that is more consistent with what the individual really believes.

A number of authors have asserted that values clarification is a process through which individuals can grow (Steele & Harmon, 1979; Uustal, 1977; Coletta, 1978). Simon and Clark (1975) specifically suggest that it is a method that allows the individual to reach his highest level of self-actualization. If values clarification does help individuals grow and become more sure of who they are and what they believe in, is it possible that this approach can help an individual "become all they can become" and therefore be more self-actualized? More specifically, does values clarification assist the nurse to reach a higher level of self-actualization? If so, such psychological growth will undoubtedly have positive effects on her ability to implement the nursing process with her patients. It is only after knowing herself and meeting her own needs that a nurse can most effectively meet the needs of others.

Statement of the Question

What is the effect of values clarification on the level of self-actualization in nurses?

## CHAPTER II

### REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

#### Self-Actualization

Self-actualization is a concept described by Fromm (1956), Goldstein (1939), Horney (1937), Maslow (1954) and Rogers (1951). The term was originally defined by Goldstein (1939) as the master motive of one's life (that is to actualize oneself). He describes any need as a deficit state which motivates the person to replenish the deficit, like a hole that demands to be filled. The replenishment or fulfillment of a need is what is meant by self-actualization.

Maslow built upon Goldstein's conception of self-actualization in his theory of human motivation. His theoretical framework is founded upon what he saw as man's basic needs. These needs, organized into a hierarchy of human motives, provide a comprehensive understanding of man's behavior and his process of growth. The primary, dynamic principle that explains the movement of man in the hierarchy of needs is "the emergence in the healthy person of less potent needs upon gratification of the more potent ones" (1970, p. 59). In other words, as a lower need is met, it is submerged, and the next higher need emerges.

Maslow's five identified basic needs, in order or priority, are (1) physiological needs, (2) safety (or security) needs, (3) love and belongingness needs, (4) esteem needs, and (5) self-actualization needs. Simon and Hastings (1974) describe the major theme of the self-actualization need as

the fullest development of the person--the need to develop one's highest potential, to develop one's talents and capabilities, to fulfill one's mission, to gain greater knowledge and acceptance of one's own intrinsic nature, to achieve unity, and integration within oneself (p. 33).

Maslow states that ". . . any true need gratification tends toward the improvement, strengthening and healthy development of the individual" (1954, p. 109). In this way, self-actualization is a process, as well as a goal.

In developing his definition of self-actualization, Maslow conducted an intensive investigation of a group of people he felt had achieved the goal of self-actualization. This group included such personages as Lincoln, Jefferson, Beethoven, Einstein, Eleanor Roosevelt, and friends and acquaintances of the investigator. The characteristics he found were:

- (1) They are realistically oriented.
- (2) They accept themselves, other people, and the natural world for what they are.
- (3) They have a great deal of spontaneity.

(4) They are problem-centered rather than self-centered. (5) They have an air of detachment and a need for privacy. (6) They are autonomous and independent. (7) Their appreciation of people and things is fresh rather than stereotyped. (8) Most of them have profound mystical or spiritual experiences although not necessarily religious in character. (9) They identify with mankind. (10) Their intimate relationships with a few specially loved people tend to be profound and deeply emotional rather than superficial. (11) Their values and attitudes are democratic. (12) They do not confuse means with ends. (13) Their sense of humor is philosophical rather than hostile. (14) They have a great fund of creativeness. (15) They resist conformity to the culture. (16) They transcend the environment rather than just coping with it (Hall & Lindzey, 1978, pp. 269-70).

Combs (1958) identifies four characteristics of the truly self-actualized and adequate personality. First, they see themselves in essentially positive ways; second, they see themselves accurately and realistically; third, they are capable of accepting themselves and others (they do not find it necessary to defend themselves against their experiences); and fourthly, they are characterized by a high degree of identification (they seem to possess a feeling of oneness with others, a feeling of responsibility



and empathy). These characteristics, described both by Maslow and Combs, would appear to be highly desirable in the professional nurse.

The self-actualized person has been studied by many researchers in a variety of settings over the past twenty years. Shostrom operationalized the concept of self-actualization in 1963 in his paper and pencil test, the Personal Orientation Inventory (POI), which purports to measure current levels of positive mental health or self-actualization. Since the development of this instrument, numerous investigators have studied the effect of such variables as psychotherapy (Shostrom & Knapp, 1966; Weir & Gade, 1969), sensitivity training and group experiences (Alperson, Alperson & Levine, 1971; Culbert, Clark & Bobele, 1968; Guinan & Foulds, 1970), transcendental meditation (Seeman, Nidich & Banta, 1972), and human relations training (Benmen & Capelle, 1971) on self-actualization. In all of these studies, a relationship between one or more of the scales of the POI and the variable under investigation was demonstrated. The following section will address the concept of self-actualization and its relationship to the profession of nursing.

#### Self-Actualization and Nursing

The desirability of attaining self-actualization (or growth towards positive mental health) in nurses is supported by Kramer, McDonnell, and Reed in their 1972 study

of "Self-actualization and role adaptation of baccalaureate degree nurses". They point out that many collegiate nursing programs overtly state self-actualization as a goal of their curricula. Program objectives such as the following are found in many B.S.N. programs.

The aim of this curriculum is to educate individuals to be self-directive, to be able to think critically, to be able to communicate and to be able to realize their fullest potential.

We believe in the dignity and worth of man and his capacity for self-actualization.

The curriculum is designed to facilitate and create a climate for each student to fully pursue her own process of self-actualization and to foster it in others (Kramer, McDonnell, & Reed, p. 113).

Frequently, the stated goal of the nurse in a program with these objectives, is to meet the patients' lower order needs. "To do this effectively, the nurse must be aware of her own stage of development, of the effect of her values on the values of others, and her own need to grow and to 'become'" (p. 112). These authors feel that "the performance of at least some nurse role functions is augmented when nurses have self-actualized personalities" (p. 113).

Gunter's 1969 study, "The developing nursing student, part 1. a study of self-actualizing values",

investigated the differences between levels of self-actualization in freshman college nursing students, sophomore college nursing students, and a comparative group of self-actualized individuals as reported by Shostrom. She reported significantly higher scores in the sophomore than in the freshman students and significantly lower scores for the whole group as compared to self-actualized subjects. She concluded that the potential for self-actualization increases with the development and maturity of the subject.

The question of how to facilitate this development and growth was raised in this study as Gunter states:

the emotional development of the student into a functioning professional nurse, influences the kind of care or the kind of interpersonal relationship which she will be able to establish with patients. This relationship becomes an important component of the therapeutic milieu in which the patient receives his treatment. Hence it is important for educators to understand the nursing student, her stage of development, and the kind of emotional climate which she will find most facilitating for her development of self-actualization as a person and as a nurse (1969, p. 60-61).

Nursing authors, Henderson, Peplau, Orlando, King and others have described nursing as an "interactive" and "interpersonal process" (The Nursing Theories Conference

Group, 1980) in which the nurse is an active member. The degree to which the individual nurse possesses self-awareness, acceptance of herself and others, creativity, autonomy, independence and empathy presumably affects the quality and effectiveness of her relationships with her patients.

If indeed, self-actualization is of benefit to nurses, what methods or approaches has nursing developed to foster it both in undergraduate education and ongoing education of staff nurses? The awareness of the need for self-actualization or positive mental health has been recognized in the literature (Gunter, 1969; Kovacs, 1977; Kramer et al., 1972) and some baccalaureate nursing programs have instituted classes with the objectives of fostering self-actualization and personal growth in students. The values clarification approach may be part of this type of curriculum and is one possible way to promote both the process and goal of self-actualization.

### Values Clarification

Values clarification is a process through which an individual is stimulated to clarify his thinking and behavior and thus to clarify his values. A systematic and practical approach to values clarification was originally developed by educators focusing on the challenge of helping children develop values (Raths, Harmin, & Simon, 1966). Their approach was based on Raths' concern with

the process of valuing as opposed to the content of people's values. Their values-clarification approach did not try to instill any particular set of values. Rather it attempted to identify the process of valuing in each student's life and help them apply these valuing processes to beliefs and behavior already formed and to those still emerging.

Raths' theoretical framework of valuing (Raths, et al., 1966) is based on the three processes of choosing values, prizing values, and acting on values. A belief, attitude, or feeling can only qualify as a value if it satisfies all three processes.

Simon, et al. (1978) clarified Raths' seven sub-processes as follows:

PRIZING one's beliefs and behaviors

1. prizing and cherishing
2. publicly affirming, when appropriate

CHOOSING one's beliefs and behaviors

3. choosing from alternatives
4. choosing after consideration of consequences
5. choosing freely

ACTING on one's beliefs

6. acting
7. acting with a pattern, consistency and repetition (p. 19).

Values clarification strategies provide individuals with an opportunity to experience these seven steps of the

valuing process in an open, supportive and positive atmosphere. Raths, et al. (1966) in their book, "Values and Teaching", reported twelve varied research studies focused on values clarification with students. Although none of the studies were without weaknesses of design or measurements, they conclude that "as a group, they contributed some support for the assertion that the values clarification processes do make a difference in certain patterns of student behavior. In general, it was found that students became more purposeful and active" (p. 219).

These findings of the early sixties were far from conclusive, however, and the authors indicated that much further research was needed. A resurgence of research on values clarification occurred in the mid-seventies demonstrating methodologies usually more sophisticated and superior in design than those used in the majority of earlier studies. Lockwood (1978) reviewed thirteen studies on values clarification conducted between the years 1971 and 1976 on students in regular school settings (subjects in correctional institutions or programs, and adult subjects in any setting were discarded for this review). He concluded that claims of values clarification having a positive impact on variables such as self-esteem, self-concept, personal adjustment, attitudes and abilities in science and ecology, drug usage, and values were not persuasive or were unwarranted (p. 345). He reported that "values

clarification may promote small positive improvements in reading ability" and ". . . some impact on classroom behavior" (p. 345). Lockwood's suggestions for improved research on values clarification included: first, clarification from the leaders of the values clarification movement of exactly what the objectives of their approach are, second, larger differences in scores before claiming an affect when measuring affective outcomes, and third, adherence to appropriate research design (p. 358).

Despite questionable research findings on the affects of values clarification, this approach has continued to be used with children and young adults in undergraduate education, in religious education, and with nurses. Osman (1974) reported a significant difference between pre- and post-test results of self-actualization after a series of values clarification strategies in his college level health education classes. He tested eighty-eight future teachers using Shostrom's POI as the measure of self-actualization. His lack of a control group however, prevents the conclusion that his findings were due to the experimental procedures.

Ustul (1977) described values clarification as a "search for the self, the 'Who am I?'" (p. 17). She applied the theory and the principles of values clarification to nurses in the belief that nurses who consciously undertake this activity are better prepared to care for clients.

She stated that "no nurse can hope to give optimal, sensitive care to any patient without first understanding her own feelings, attitudes and values, related to such concepts as illness, health, the quality of life, human sexuality, aging, euthanasia, abortion, and death and dying" (Uustal, 1977, p. 15). Uustal contends that the price paid for unclear values and values conflict is "confusion, indecision and inconsistency" and that the "clearer you are about what you value, the more able you will be to choose and initiate a course of action that is consistent with what you say you believe in" (1978, p. 2058).

Steele and Harmon (1979) supported this view and suggested that this process can be used with other strategies to resolve some of the biomedical ethical dilemmas that arise in practice. Furthermore, they indicated that values clarification can be valuable to the nurse in helping her deal with the routine, interpersonal encounters which make nursing a nurturing and caring profession, while giving direction to planning and implementing individualized nursing care, and assessment of the clients' values (p. 9).

The importance of nurses "knowing themselves" and their values is also supported by Levenstein in his article "The role of values" (1973, pp. 64-66) where he discusses Dr. Jerome S. Bruner's research on judgment and how it is affected by the values the individual brings to the situation. Bruner's research describes behavior that is consistent



with the fact that "we are inclined to see what we want to see" (p. 64), both in noticing things which have value for us, and in not noticing or blocking things that are personally unacceptable. Thus our values strongly affect our perception of the world around us. In stressing the importance of knowing your values, Levenstein states, "you yourself are the lens through which you see the world-- and you had better know to what extent your personal lens leads to distorted perception" (p. 65). He particularly stresses the importance of this for nurses, as their accurate observations can seriously affect the quality of patient care.

In summary, if movement towards becoming self-actualized is consistent with growth and positive mental health, which in turn reflects positively on patient care, is it possible to help individuals develop in that direction through an experience of values clarification? Although many purport the worth of values clarification to the practice of nursing, there is a paucity of research on the effect(s) of values clarification on nurses. Therefore, this research seeks to examine the effect of values clarification on the level of self-actualization in nurses.

#### Definition of Terms

##### Values Clarification

Values clarification is conceptually defined as a process through which an individual can discover what is

meaningful to him. Its goal is to facilitate self-understanding and to foster the identification of significant values leading to behavior that is more consistent with what the individual really believes in (Steele & Harmon, 1979; Uustal, 1977).

Values clarification was operationally defined through a workshop consisting of four two-hour sessions in which individuals participated in a number of selected strategies and exercises (see Appendix C) designed to stimulate thought, discussion and identification of both personal and professional values.

### Self-Actualization

Self-actualization is conceptually defined as "becoming all that one is capable of becoming" (Maslow, 1954, p. 92). It is the process of fulfilling one's needs and striving to realize one's potential.

Self-actualization was operationally defined by administering Shostrom's Personal Orientation Inventory (POI) which assesses an individual's current level of positive mental health or psychological well-being.

### Nurse

Nurse is conceptually defined as an individual who applies substantial specialized knowledge derived from the biological, physical and behavioral sciences to the "care, treatment, counsel and health teaching of persons who are

experiencing changes in the normal health processes; or who require assistance in the maintenance of health or the management of illness, injury, or infirmity or in the achievement of a dignified death" (Model Practice Act published by the A.N.A.). The nurse was operationally defined as any registered nurse currently employed at the hospital included in the study.

### Statement of Hypothesis

There will be a significant increase in the level of self-actualization in nurses who participate in a values clarification workshop compared to nurses who do not participate.

### Assumptions

Basic assumptions of this study are:

1. Shostrom's Personal Orientation Inventory is a valid measurement of self-actualization or positive mental health.
2. Increased levels of self-actualization and clarification of values in nurses reflects positively on patient care.
3. Participants in the investigation will respond honestly and accurately to the tests.

## CHAPTER III

### RESEARCH DESIGN

#### Overview

A group of nurses voluntarily participating in an eight-hour values clarification workshop were asked to participate in the proposed study. Self-actualization was measured by administration of the POI before (pre-test) and after (post-test) the workshop. The test results of the experimental group were compared to the test results of a randomly selected control group also given the same pre- and post-test over the same period of time. Changes in self-actualization were calculated using analysis of covariance.

#### Setting

The study was conducted in a seven hundred bed private, non-profit, suburban teaching hospital. This hospital primarily serves a white, middle class population. The workshop was offered in the hospital through the cooperation of the department of staff education and the Quality Assurance Committee.

### Sample Selection

Notices of the values clarification workshop were distributed to all nursing units and managers, as is the usual case with continuing education programs. Two workshops were held with a limit of fifteen participants per group. Each participant was individually contacted by the investigator who described the purpose and nature of the study. All participants in the experimental group signed an informed consent (Appendix A). The original proposal for this study included random selection of participants from the nurses who signed up for the workshop; however, an inadequate number of participants necessitated the inclusion of all the nurses in the study. Fifteen registered nurses voluntarily registered for the workshop. Attrition during the four week class decreased the number of subjects who completed the workshop to twelve.

Control subjects were randomly selected from the corresponding unit(s) as the experimental group. For example, if three nurses from the experimental group were from unit A, then three control subjects were randomly selected from the same unit using a random numbers table. These randomly selected nurses were then individually contacted and the purpose and nature of the study was described. If interested they were included as control subjects for the study. It was deemed unnecessary by the I.R.B. of Loyola University for the control subjects in this study

to sign an informed consent. Therefore, the sample for this study consisted of fifteen experimental and fifteen control subjects. However, three of the experimental subjects were unable to complete the final session of the workshop and were tested after the third session. Their scores and that of their controls were excluded from the testing of the research hypothesis via analysis of covariance, but were included in the descriptive statistics.

#### Values Clarification Workshop

Each workshop was limited to fifteen participants (in order to maintain a small group atmosphere in which trust and communication were important factors) and was organized into four two-hour sessions (one session per week). The objectives, methods, content, format and specific time frames for each session are included in Appendix C, as well as a vita for the instructor and principle investigator of this study. In general, the identification and effect of both personal and professional values of the individual nurse currently working in a hospital was explored. The process of valuing was defined and used to distinguish attitudes and beliefs from values on such issues as death, prolongation of life through supportive measures, nursing unions, peer review, etc. Strategies and exercises in the workshop were used with the written permission of Diane Uustal. Continuing Education Units for this workshop were received from the Illinois Nursing Association.

## Instrument

### POI

Shostrom developed the Personal Orientation Inventory in 1963 in an effort to develop a diagnostic instrument that would give a patient a measure of his current level of positive health or self-actualization. This would establish a "launching pad" for his therapy which would then suggest directives for growth toward health (Shostrom, 1964). The instrument purports to measure the qualities of a person who uses his talents and capabilities to their fullest extent, uses time effectively, functions with relative autonomy as well as interdependently, tends to live in the present, possesses mutually rewarding interpersonal relationships, and tends to have a benevolent outlook on life and human nature (Culbert, et al., 1968).

The POI is a self-administered test and consists of 150 two-choice, paired-opposite statements of values. The items are scored twice; first to give a composite measurement of Personal Orientation and Time Competence, and again to measure the ten elements which measure self-actualizing values. High scores are in the direction of a self-actualized personality. The testing takes from twenty to thirty minutes to complete. For the purpose of this study, only the scores of the Time Competence and Inner-Directed scales were used in the statistical analysis. These two scores are overall measures of self-actualization,

while the ten sub-scales indicate various facets important in the development of self-actualization. The sub-scales, however, were included in the descriptive statistics.

Shostrom reports reliability coefficients of .91 and .93 using test-retest methods in 1964 (p. 210). Klaveter and Mogar (1967) report test-retest (one-week interval) reliability for the Time Competence-Incompetence and Inner-Other-Directed scales at .71 and .77 respectively and a median of .70 for the other scales. They state that "although not completely satisfactory from a psychometric point of view, the reliability findings are acceptable at the present state of the test's development" (p. 114).

Studies that have tested the POI reliability under attempts to "fake out" or "influence the scores positively" (Shostrom, 1966; Braun & LaFaro, 1969) conclude that deliberate distortion of POI responses does not produce a profile consistent with self-actualization.

Validity testing (Shostrom, 1964) indicated that the POI discriminated between self-actualized, normal and non self-actualized groups of individuals nominated in these categories by two groups of psychologists. He also reports a significant increase in inner-directedness scores of individuals participating in sensitivity and school psychologists training programs. Other studies that have demonstrated the reliability and validity of the POI are reported by Fox, Knapp and Michael, 1968; Grossach, Armstrong



and Lussiev, 1966; Ilardi and May, 1968; Knapp, 1965; Shostrom and Knapp, 1966.

### Background Questionnaire

All subjects were given a short background questionnaire with their post-test (Appendix B). The questionnaire was given to obtain demographic information and to identify extraneous variables such as previous experiences in values clarification, personal experiences outside work during test period, or concurrent therapy, counseling or values clarification experiences.

### Collection of Data

The POI was administered to the experimental group immediately before and after the workshop by the principle investigator. The control group was tested on the same days corresponding to the experimental group by the investigator. Each participant was assigned a code number and therefore no names were recorded. After completing the post-test, all participants were asked to fill out the background questionnaire using their code number of identification. All test information was kept under lock and key during the investigation.

### Analysis of Data

After the data had been collected, responses were scored and tabulated. Group mean scores for the experimental and control groups were calculated on both pre- and post-

tests. Analysis of covariance was used to test for a significant effect of the independent variable on self-actualization. The probability level was set at  $p < .05$ . Descriptive statistics were used to summarize demographic data obtained from the background information questionnaire and the mean scores for the ten sub-scales.

## CHAPTER IV

### RESULTS

The purpose of this study was to examine the effect of values clarification on the level of self-actualization in nurses. This chapter presents the findings of this study. The demographic characteristics of the sample will be presented first, followed by an analysis of the pre- and post-test POI scores of the two groups studied.

#### Demographic Characteristics of the Sample

A total of thirty subjects were studied, with fifteen subjects in both the control and the experimental groups. However, three of the experimental subjects were unable to complete the final session of the workshop. The investigator did administer the post-test POI to these subjects at the time of their final (i.e., third) session. Their scores and that of their controls, however, were excluded when testing the research hypothesis via analysis of covariance. Table 1 summarizes the age, sex and educational background of the subjects. All participants were female. The mean age for the control group was  $32 \pm 12$  years and for the experimental group,  $35 \pm 10$  years. The ages ranged from twenty-one to fifty-nine years for the control group and twenty to fifty-three years for the experimental group. With respect to the control subjects, 60% held either an A.D.N. or diploma

Table 1  
Age, Sex and Educational Background  
of the Sample

Variable	Control.	Experimental
Age (Mean years $\pm$ S.D.)	32 $\pm$ 11.5	35 $\pm$ 10.3
Sex	15 female 0 male	15 female 0 male
Education:		
A.D.N.	1	1
Diploma	8	5
B.S.N.	4	6
M.S.N.	1	1
Other	1	2
Current Educational Pursuits:		
A.D.N.	0	0
B.S.N.	1	0
M.S.N.	0	3
Other	0	2

degree, 27% a B.S.N. and 13% a M.S.N. or other degree. Of the experimental subjects, 40% held either an A.D.N. or diploma degree, 40% a B.S.N. and 20% a M.S.N. or other degree. Only one (6%) subject in the control group was currently pursuing an advanced degree (B.S.N.), whereas five (33%) of the experimental subjects were pursuing a M.S.N. or other degree.

In considering the nursing employment characteristics of the sample, there was a fairly even distribution of subjects from psychiatric, critical care, medical-surgical, obstetrics-pediatrics, medical-psychiatric and other areas of specialty (Table 2). The length of time worked in the specialty area and on the present unit did not differ between the two groups; however, the length of time employed at the present hospital was significantly ( $p < 0.05$ ) longer for the experimental group (seven years and two months) than for the control group (three years and five months).

Of those participating in the study, only one subject, in the experimental group, reported participating in a values clarification workshop prior to the study (Table 3). During the course of the study, one subject from the control group indicated she was receiving either therapy, counseling or attending another values clarification class. Eight subjects (53%) of the experimental group answered positively to a question which asked if anything

Table 2  
Current Nursing Employment Characteristics  
of the Sample

Variable	Control	Experimental
Specialty:		
Psychiatric	2	2
Critical Care	2	2
Medical-Surgical	3	3
Obstetrics-Pediatrics	1	1
Medical-Psychiatric	3	3
Other (e.g., staff development, G.I. laboratory, recovery room)	4	4
Mean Years/Months In Specialty	3 yrs./4 mos.	3 yrs./10 mos.
Mean Years/Months On Present Unit	1 yrs./10 mos.	2 yrs./4 mos.
Mean Years/Months At Present Hospital	3 yrs./5 mos.	7 yrs./2 mos.

Table 3  
Extraneous Mental Health Variables  
of the Sample

Variable	Control	Experimental
Prior Participation In Values Clarification Workshop	0-Yes 15-No	1-Yes 14-No
Counseling, Therapy or Other Values Clari- fication During Work- shop	1-Yes 14-No	0-Yes 15-No
Other Effects On Mental Health:		
Positive Effect	2	5
Negative Effect	1	3

in their personal life significantly affected their mental health status or growth during the month between pre-test and post-test (Table 3). Five subjects indicated it affected them positively and three indicated a negative effect. The control group only had three subjects (20%) who answered yes to the question, two positive and one negative response.

### Analysis of POI Scores

The twelve scales on the POI are described in Table 4. The experimental and control group mean scores and standard deviations for the pre- and post-test are tabulated in Tables 5 and 6, respectively. All fourteen scales are presented, although only the Time Competence and Inner Directed scores were used in the analysis of covariance to test the research hypothesis: There will be a significant increase in the level of self-actualization in nurses who participate in a values clarification workshop compared to nurses who do not participate. These two scores are overall measures of self-actualization, while the ten subscales indicate various facets important in the development of self-actualization.

Figures 1 and 2 depict the pre-test scores for the experimental and control groups, respectively, on a graph which is divided into Non-Self-Actualizing, Normal Adult, and Self-Actualizing levels. These levels were determined by Shostrom when he compared differences between samples



Table 4  
POI Scales\*

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Ti/Tc	<u>Time Ratio</u> - Time Incompetence/Time Competence - measures degree to which one is "present" oriented..
O/I	<u>Support Ratio</u> - Other/Inner - measures whether reactivity orientation is basically towards others or self.
SAV	<u>Self-Actualizing Value</u> - measures affirmation of primary values of self-actualizing persons.
Ex	<u>Existentiality</u> - measures ability to situationally or existentially react without rigid adherence to principles.
Fr	<u>Feeling Reactivity</u> - measures sensitivity of responsiveness to one's own needs and feelings.
S	<u>Spontaneity</u> - measures freedom to react spontaneously or to be oneself.
Sr	<u>Self Regard</u> - measures affirmation of self because of worth or strength.
Sa	<u>Self Acceptance</u> - measures affirmation or acceptance of self in spite of weaknesses or deficiencies.
Nc	<u>Nature of Man</u> - measures degree of the constructive view of the nature of man, masculinity, femininity.
Sy	<u>Synergy</u> - measures ability to be synergistic, to transcend dichotomies.
A	<u>Acceptance of Aggression</u> - measures ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and regression of aggression.
C	<u>Capacity for Intimate Contact</u> - measures ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations.

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\*Source: Shostrom, 1966, p. 5.

Table 5  
Pre-Test Personal Orientation  
Inventory Scores

Symbol	Scales	Control	Experimental	Total Population	Possible Score
Ti	Time Incompetence	4.3± 3.2	4.9± 2.3	4.6± 2.7	23
Tc	Time Competence	18.3± 3.0	18.1± 2.3	18.2± 2.6	
O	Other Directed	37.0±15.7	36.7±10.1	36.8±13.0	127
I	Inner Directed	88.2±15.1	89.7± 9.9	89.0±12.6	
SAV	Self-Actualizing Value	21.2± 2.5	21.7± 2.2	21.4± 2.3	26
Ex	Existentiality	21.0± 5.6	21.0± 4.1	21.0± 4.9	32
Fr	Feeling Reactivity	16.2± 4.0	16.4± 3.2	16.3± 3.6	23
S	Spontaneity	12.6± 3.4	13.5± 2.3	13.0± 2.8	18
Sr	Self-Regard	13.4± 2.0	13.3± 1.9	13.3± 1.9	16
Sa	Self-Acceptance	16.7± 4.0	15.7± 2.7	16.2± 3.4	26
Nc	Nature of Man	12.5± 1.4	12.8± 0.9	12.6± 1.2	16
Sy	Synergy	7.1± 1.0	7.3± 1.0	7.2± 1.0	9
A	Acceptance of Aggression	17.0± 4.6	17.0± 3.5	17.0± 4.0	25
C	Capacity for Intimate Contact	18.7± 5.3	20.7± 5.5	19.7± 5.4	28

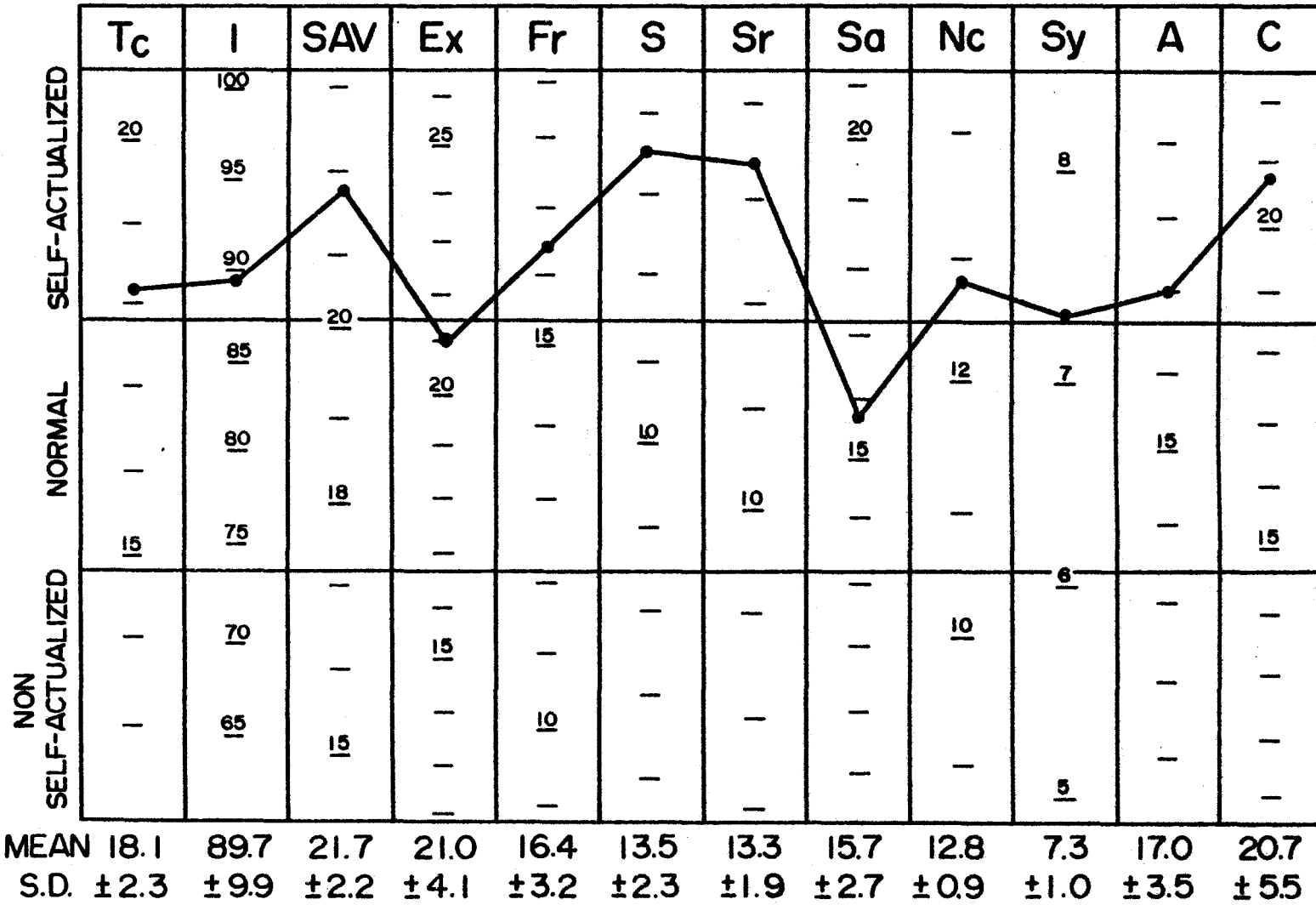
Scores represent means of 15 subjects per group ± the standard deviation.  
One way analysis of variance comparing the control and experimental groups revealed  
no significant difference.

Table 6  
Post-Test Personal Orientation  
Inventory Scores

Symbol	Scales	Control	Experimental	Total Population	Possible Score
Ti	Time Incompetence	4.6± 2.8	4.3± 2.4	4.4± 2.6	23
Tc	Time Competence	18.3± 2.8	18.4± 2.4	18.4± 2.6	
O	Other Directed	33.0±15.6	32.7± 9.5	32.9±12.7	127
I	Inner Directed	92.2±14.8	94.6± 8.8	93.4±12.0	
SAV	Self-Actualizing Value	21.1± 2.4	22.1± 2.2	21.6± 2.3	26
Ex	Existentiality	21.9± 5.5	22.3± 3.6	22.1± 4.5	32
Fr	Feeling Reactivity	17.0± 3.2	17.1± 2.9	17.0± 3.0	23
S	Spontaneity	13.5± 3.4	13.8± 2.1	13.7± 2.8	18
Sr	Self-Regard	13.6± 2.3	13.6± 1.5	13.6± 1.9	16
Sa	Self-Acceptance	17.0± 4.1	16.7± 4.0	16.8± 4.0	26
Nc	Nature of Man	12.9± 1.3	13.1± 1.7	13.0± 1.5	16
Sy	Synergy	6.8± 1.3	7.3± 1.2	7.1± 1.2	9
A	Acceptance of Aggression	17.1± 3.4	17.3± 3.2	17.2± 3.2	25
C	Capacity for Intimate Contact	19.8± 5.5	20.9± 3.1	20.4± 4.4	28

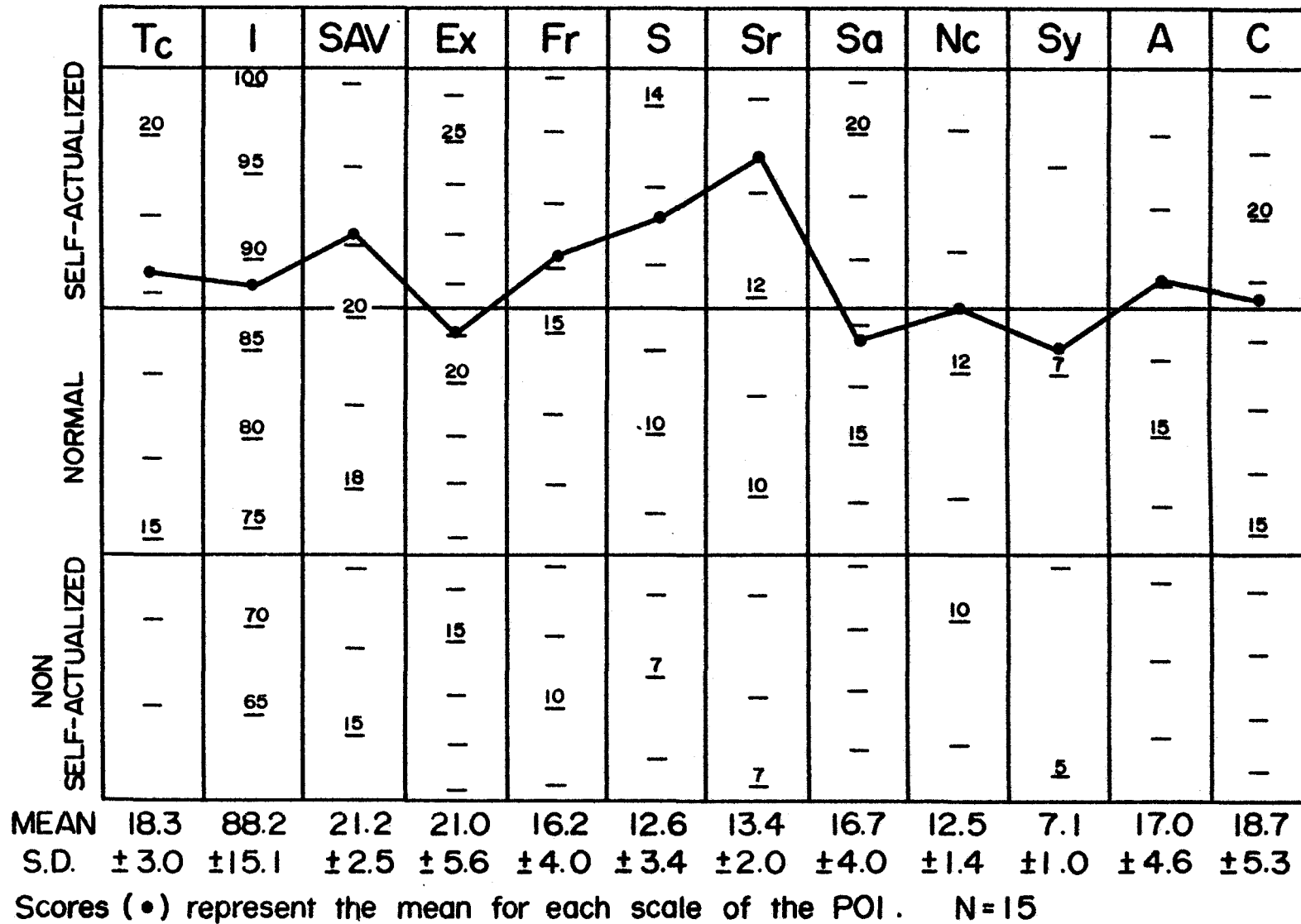
Scores represent means of 15 subjects per group ± the standard deviation.  
One way analysis of variance comparing the control and experimental groups revealed  
no significant difference.

Figure 1. POI PRE-TEST SCORES FOR THE EXPERIMENTAL GROUP



Scores (•) represent the mean for each scale of the POI. N= 15

Figure 2. POI PRE-TEST SCORES FOR THE CONTROL GROUP



nominated as "Self-Actualizing", "Normal" and "Non-Self-Actualizing" (Shostrom, 1966, p. 24). The mean scores for both the control and the experimental groups are well into the self-actualized level on most scales. Fifty-three percent of the subjects in the control group and forty percent of the subjects in the experimental group were in the self-actualized range of the Time Competence Scale on the pre-test. The Inner Directed Scale shows an even higher percentage of self-actualizers on the pre-test with sixty-seven percent of the subjects in the control group and sixty percent of the subjects in the experimental group demonstrating self-actualized scores.

A one-way analysis of variance was performed to determine, (1) if there were any differences in pre-test scores between the experimental and control groups and (2) if there were any differences in post-test scores between the experimental and control groups. Analysis revealed no significant ( $p < .05$ ) differences between the two groups on any of the POI scales on either the pre- or post-test scores. Therefore, the two groups did not differ in their levels of self-actualization either before or after the research study.

Table 7 displays the change from the pre-test to the post-test situation on each of the scales of the POI for the experimental and control groups. The control and experimental groups demonstrated a 0.0 and 0.3 change,

Table 7  
Personal Orientation Inventory Change  
from Pre- to Post-Test

Symbol	Scales	Control	Experimental	F Score
Ti	Time Incompetence	0.3± 4.0	-0.7± 3.5	0.497
Tc	Time Competence	0.0± 3.7	0.3± 3.6	0.064
O	Other Directed	-3.9±23.3	-4.1±11.8	0.000
I	Inner Directed	3.9±23.1	4.9±11.5	0.020
SAV	Self Actualizing Value	-0.1± 3.2	0.5± 2.9	0.283
Ex	Existentiality	0.9± 9.1	1.3± 5.6	0.015
Fr	Feeling Reactivity	0.7± 5.3	0.7± 4.1	0.002
S	Spontaneity	0.9± 5.2	0.3± 3.2	0.143
Sr	Self-Regard	0.2± 3.3	0.3± 1.9	0.018
Sa	Self-Acceptance	0.3± 6.0	1.0± 4.6	0.116
Nc	Nature of Man	0.5± 1.8	0.3± 1.6	0.099
Sy	Synergy	-0.3± 1.4	0.0± 1.1	0.318
A	Acceptance of Aggression	-0.7± 5.0	-0.7± 5.3	0.000
C	Capacity for Intimate Contact	1.1± 8.3	0.2± 6.8	0.098

Scores represent the mean change of 15 subjects per group ± the standard deviation.  
All F Scores were non-significant.

respectively, from the pre- to post-test on the time competence scale. On the Inner Directed scale, the control and experimental groups demonstrated a 3.9 and 4.9 change, respectively. A comparison of these changes between the experimental and control groups (i.e., 0.0 vs. 0.3 and 3.9 vs. 4.9) revealed no significant ( $p > .05$ ) difference.

Analyses of covariance were performed on the change score between the pre- and post-tests of the Time Competence and Inner Directed scales. (Data from the three subjects who failed to complete training were excluded from these analyses.) Due to the possibility that initial levels on these scales may influence the amount of change displayed by the respondents, this initial level (pre-test score) was used as a covariate in the analyses.

In the analysis of the Time Competence scale, the covariate was found to have a strongly significant relationship with the change score ( $F(1, 21) = 17.15, p < .001$ ; Table 8). The raw regression coefficient ( $-.788$ ) indicates that there is a negative relationship between the initial level of Time Competence and the magnitude of change displayed. In other words, the higher the initial score, the less change observed. Conversely, the lower the initial score, the more change observed. The main effect for the treatment is not significant ( $p > .05$ ; Table 8). That is, with respect to the Time Competence scores the level of self-actualization did not increase following a values clarification workshop.



Table 8  
Summary of the Analysis of Covariance  
on the Time Competence Variable

Source of Variation	Sum of Squares	Df	Mean Square	F
Covariate (Pre-test Tc Score)	84.072	1	84.07	17.150*
Main Effect (Exp/Control)	0.816	1	0.82	0.167 n.s.
Explained	84.889	2	42.44	8.658**
Residual (Error)	102.945	21	4.90	
Total	187.833	23	8.17	

N=24

n.s.=Non Significant

\*p<0.001

\*\*p<0.002

In analyzing the I scale, no significant ( $p > .05$ ) relationship was found between the covariate (pre-test) of the I scale and the change score (Table 9). The main effect for the treatment was not significant ( $p > .05$ ). That is, with respect to the I scale, the level of self-actualization did not increase following a values clarification workshop.

### Summary

Thirty subjects (fifteen in both the control and experimental groups) were studied to determine the effect of a values clarification workshop on self-actualization. No significant differences were found in either the pre- or post-test scores on the POI between groups ( $p > .05$ ) when a one-way analysis of variance was performed. An analysis of covariance was performed on the change scores between the pre- and post-tests of the Time Competence and Inner Directed scales for the twenty-four subjects who completed the workshop. A strong negative relationship was found between the covariate (pre-test score) and the change score on the Time Competence scale, while no significant relationship was found between the covariate (pre-test score) and the change score on the Inner Directed scale. That is, the main effect (increase in level of self-actualization) for the treatment (exposure to a values clarification workshop) was not significant ( $p > .05$ ) on either scale. The pre-test showed a large percentage of the subjects scoring in the

Table 9  
Summary of the Analysis of Covariance  
on the Inner-Directed Variable

Source of Variation	Sum of Squares	Df	Mean Square	F
Covariate (Pre-test I Score)	29.015	1	29.02	0.16 n.s.
Main Effect (Exp/Control)	11.243	1	11.24	0.06 n.s.
Explained	40.258	2	20.13	0.11 n.s.
Residual (Error)	3714.675	21	176.89	
Total	3754.933	23	163.26	

N=24

n.s.=Non Significant

self-actualized range on the scales of the POI before any treatment was performed.

## CHAPTER V

### DISCUSSION

The proposed study sought to examine the following hypothesis: There will be a significant increase in the level of self-actualization in nurses who participate in a values clarification workshop compared to nurses who do not participate. Using analysis of covariance, no statistically significant differences were found between the control and experimental groups in this study. That is, the nurses who attended the workshop did not significantly change in their level of self-actualization compared to a control group of nurses who did not attend.

A major finding, however, was the number of nurses who were already in the self-actualized range before the treatment was applied (Figures 1 & 2). As reported in the results, forty-seven percent of all the participants were self-actualized on the Time Competence scale on the pre-test. Sixty-three percent demonstrated self-actualization on the pre-test scores of the Inner-Directed scale. On the post-test, these percentages increased to fifty-three and seventy percent, respectively. What significance does this finding have for the study and, more importantly, for nurses?

In this study, although the experimental subjects volunteered for the values clarification workshop and the

control subjects were randomly selected from corresponding units, there were no significant differences in their pre-existing levels of self-actualization. Guinan and Foulds (1970) in their study of the effect of a marathon group experience on self-actualization levels, reported a difference in their pre-test mean scores for the experimental and control groups. They hypothesized that subjects who volunteer for experiments without the promise of rewards (control group) may not be representative of the general population and that the "task being volunteered for has a selective effect on those who volunteer" (p. 148). Although the control subjects in this study were asked to participate after being randomly selected, they did so voluntarily. The experimental subjects were also volunteers. The fact that there was no difference in pre-test scores between groups of this study does not support the hypothesis of Guinan and Foulds.

The initially high levels of self-actualization found in the thirty nurses studied, possibly limited their change potential towards higher self-actualization. A "ceiling effect" was observed, particularly in the strong negative correlation between the initial Time Competence score and the change score. The nurses who were initially competent in their use of time changed less than those who were more time incompetent. Both the control and experimental groups increased their scores on the Time Competence

and Inner Directed scales, but not significantly. This lack of change in a group of self-actualizers is consistent with the findings of Culbert, Clark and Bobele (1968). They reported an increase in the POI scale means for a group of "Normal" subjects undergoing sensitivity training and no change in the group having all its pre-test means within the range of norms for a self-actualized population. The treatment (sensitivity training or values clarification) in both this 1968 study and the present investigation, did not alter the mean scores for the groups who initially appeared in the self-actualized range.

The high level of self-actualization demonstrated by the subjects in this study, suggests that nurses working in a hospital setting may possess characteristics of self-actualized individuals. Although these findings must be viewed with caution because of the small sample size, this is a positive finding for nurses who often feel frustrated and stressed when dealing with the decisions and responsibilities of patient care on a day-to-day basis. It is also a positive finding for patients, as it is assumed in this study that nurses who are self-actualized give better patient care. It is encouraging to find that most of the nurses scored high on the POI, which can be interpreted as a measure of positive mental health.

High scores on the Time Competence scale indicate that the individual uses their time competently and lives

in the here-and-now. They are able to see the past, present and future as a continuum, are not overly burdened by guilts from the past, and are able to tie aspirations to their present goals (Shostrom, 1966). Competent use of time is a valuable asset to nurses who are often pressured to give quality care to the maximum number of patients possible. It is, in fact, essential to the nurse attempting to function effectively in these days of nursing shortages and low staffing in hospitals.

High scores on the Inner Directed scale indicate that the individual is guided by internal motivations and principles rather than external influences (Shostrom, 1966). They tend to be independent and autonomous, two qualities which facilitate the use of the nursing process in the care of patients. This inner-directedness is balanced by other-directedness (O scale), which indicates sensitivity to other people's approval, affection and good will. In this respect, it is desirable for the self-actualized person to maintain a healthy ratio of approximately 1:3 for other/inner-directedness. Utilizing this information, it is perhaps a positive finding that the sixty-three percent of the subjects who scored in the self-actualizing range for inner-directedness did not become significantly more inner-directed after the treatment. It is essential to "good nursing" that the individual nurse be able to maintain a sensitivity to others (peers, authority figures and most importantly,



patients). It is probably this optimal ratio of inner/other directedness which allows nurses to be competent and autonomous, yet sensitive and caring.

The ten sub-scales of the POI can be interpreted in synergistic pairs which can be relabeled as Valuing, Feeling, Self-Perception, Awareness and Interpersonal Sensitivity. They reflect the degree to which the individual holds values that are like those of self-actualizing persons. The overall post-test mean scores for the sub-scales were all in the self-actualizing range, except for the Ex, Sa and Sy scales. According to Shostrom's Manual for the POI, 1966, the data can be interpreted as follows: (1) Valuing - the high SAV (Self-Actualizing Value) score indicates that the subjects held values that are like those of self-actualizing people, while the score on the Ex (Existentiality) scale (in the "Normal" range) indicates some rigidity in the application of these values. A higher score would have indicated more flexibility in applying values to different situations. (2) Feeling - the high scores on both the Fr (Feeling Reactivity) and S (Spontaneity) scale reflect the subjects' high level of sensitivity to their own needs and feelings, and the ability to express these feelings behaviorally. (3) Self-Perception - the subjects scored high in Sr (Self-Regard), but only in the low "Normal" range for Sa (Self-Acceptance). This indicates that the subjects had difficulty accepting themselves in spite of their

weaknesses. (4) Awareness - a high score on the Nc (Nature of Man) scale indicates that the subjects see man as basically good, yet have an awareness of the good and evil sides in man. A "Normal" score for the Sy (Synergy) scale reflects less of an ability to meaningfully relate to and understand the dichotomies of life (i.e., work/play, love/hate). (5) Interpersonal Sensitivity - the subjects scored high on both the A (Acceptance of Aggression) scale and the C (Capacity for Intimate Contact) scale which reflects a high level of interpersonal sensitivity in human contacts. These findings suggest that the sample may have a somewhat rigid way of viewing the world and some inflexibility when it comes to acting on their values. It is not surprising to find that the lowest score on the POI was in the area of accepting one's self despite one's weaknesses. Often nurses struggle with issues of high expectations and questions of dedication. "Can I be everything to everyone?" and "How much 'service' to an institution housing sick people is acceptable to maintain my sense of worth, while asserting myself as a professional?" are typical dilemmas. Learning to accept one's limitations and setting realistic expectations, with a good feeling about one's self, might be a growing edge for nurses as demonstrated by the results of this study.

The background questionnaire revealed that the participants in the research were females with a mean age

in the early thirties and about three and a half years experience in their area of specialty. A significant difference was found between the experimental group's length of employment at the hospital (seven years and two months) and the control group's length of employment (three years, five months). This was the only significant difference between groups. As mentioned in the results, five individuals in the experimental group and one individual in the control group were currently attending school during the study period. This observation, combined with the fact that the experimental subjects voluntarily signed up for the workshop (usually without pay) suggests a readiness on the participants' part to learn, grow, and "become all they could become". This may have had an effect on the high pre-test scores in the experimental group, but does not explain the high scores for the control group. More than likely this data reflects the motivation of the individuals who attended the workshop. Also of note is the fact that the sample (including the control group) was comprised of older, experienced nurses. The age and maturity of the subjects may have contributed to the high scores. This possibility is supported by Gunter's 1969 study of "The developing nursing students . . ." in which she concludes that the potential for self-actualization increases with the development and maturity of the subject. One of the questions this raises is, would a younger or less

experienced sample of nurses yield different results on the POI?

The small sample size and the inability to randomize selection and assignment of subjects to experimental and control groups, limits the generalizability of this study. The time commitment of two hours a week (usually without pay) for four weeks was a limitation in obtaining and keeping subjects for the workshop. Attrition from the workshop was mainly due to unforeseen outside events which took priority over the class.

The failure to significantly change the experimental group's level of self-actualization could have been due to the ineffectiveness of the treatment. Possibly the treatment was too diluted by the design of a class once a week for four weeks, or too short a time period in which to expect change in an area which encompasses so many aspects of one's self.

The claims of the proponents of the values clarification approach were neither substantiated nor disproved in this study. Although no significant increase in self-actualization was measured, neither was a decrease observed. The subjective evaluation of the workshop by the participants was very positive. Twelve evaluations were returned, with eleven of them stating the workshop was relevant to their work situation at the time of participation. Some of the comments were, "Helped me classify for myself some

conflicts between my professional role and my value system", "Will help me in defining professional values and determining professional actions", "Dealt with examples of ethical dilemmas that pertained to my work situation. . .", "Enabled me to identify my own values and not get them mixed up with the patient's", "More open with my feelings". Most of the participants indicated they met or almost met the objectives set forth for the workshop (see Appendix C). The question of whether values clarification fosters self-actualization remains unanswered because of the limitations of this study (small sample size, high pre-test scores, and inability to randomize).

The results and discussion of this study raise several questions. Are nurses in general more self-actualized than the "Normal" adult population? How do they compare to other professionals, especially those in the "helping professions"? Are there age or experience factors in the level of self-actualization in nurses? Can a group of "Non-Self-Actualized" or "Normal" nurses improve their level of self-actualization through a more intense experience of values clarification? What factors are involved in the maintenance of high levels of self-actualization in nurses?

It is recommended that the study be repeated with a larger randomly selected sample of nurses. Obtaining subjects might be easier if the workshop was offered as a class at the graduate level, or as a continuing education

class for which the nurses were paid to attend. With a larger number of participants, spread over several groups, random selection could be performed. It is also suggested that the treatment be increased in frequency (twice a week, perhaps) and in length of time (six to eight sessions).

A study of the self-actualization levels of randomly selected health professionals would be of interest to determine if there were any significant differences between the nurses and the physicians, or nurses aides, for example. Significant findings could contribute to the quest for defining nursing and why it is different from other "caring" professions.

In addition it is recommended that a study of different types of nurses (i.e., new graduates, seasoned veterans, head nurses, staff nurses) and their levels of self-actualization be conducted in an attempt to identify what factors affect self-actualization in nurses. If indeed, certain types or classes of nurses are found to have lower levels of self-actualization, could this population be offered treatment (such as values clarification) in an attempt to increase their level of self-actualization?

The desirability of having self-actualized nurses caring for patients remains. A positive finding of this study was that a large percentage of the nurses tested had a high level of positive mental health before the treatment was applied. The question remains as to how to foster and

maintain this growth and health in nurses, so that, ultimately the patient benefits.

## REFERENCES

- Alperson, B. L., Alperson, E. & Levine, R. Growth effects of high school marathon. Experimental Publications System, February 1971, 10, M.S. No. 369-56.
- Banmen, J., & Capelle, R. Human-relations training in three rural Manitoba high schools: A three month follow-up. Canadian Counsellor, 1972, 6, 260-270.
- Braun, J. R., & LaFaro, D. Further study of the fakability of the personal orientation inventory. Journal of Clinical Psychology, July 1969, 25, 296-299.
- Coletta, S. S. Values clarification in nursing: Why? American Journal of Nursing, December 1978, 2057.
- Combs, A. W. Individual behavior. New York: Harper and Brothers, 1958.
- Culbert, S. A., Clark, J. V., & Bobele, H. K. Measures of change toward self-actualization in two sensitivity training groups. Journal of Counseling Psychology, 1968, 15, 53-57.
- Fox, J., Knapp, R. R., & Michael, W. B. Assessment of self-actualization of psychiatric patients: Validity of the personal orientation inventory. Educational and Psychological Measurement, 1968, 28, 565-569.
- Fromm, E. The Art of Loving. New York: Harper and Brothers, 1956.
- Goldstein, K. Organism. New York: American Book Company, 1939.
- Grossak, M. M., Armstrong, T., & Lussiev, G. Correlates of self-actualization. Journal of Humanistic Psychology, 1966, 6, 87-91.
- Guinan, J. F. & Foulds, M. L. Marathon group: facilitator or personal growth? Journal of Counseling Psychology, 1970, 17, 145-149.



- Gunter, L. M. The developing nursing student, part 1. a study of self-actualizing values. Nursing Research, January-February 1969, 18, 60-64.
- Hall, C. S. & Lindzey, G. Theories of Personality. New York: John Wiley & Sons, 1978.
- Horney, K. The neurotic personality of our time. New York: W. W. Norton and Company, 1937.
- Ilardi, R. L. & May, W. T. Reliability study of Shostrom's personal orientation inventory. Journal of Humanistic Psychology, Spring 1968, 8, 68-72.
- Klaveter, R. E. & Magar, R. E. Stability and internal consistency of a measure of self-actualization. Psychological Reports, October 1967, 21, 422-424.
- Knapp, R. Relationship of a measure of self-actualization to neuroticism and extraversion. Journal of Consulting Psychology, 1965, 29, 168-172.
- Kovacs, A. R. The ideal of self-fulfillment as an educational objective. Journal of Nursing Education, March 1977, 16, 22-24.
- Kramer, M., McDonnell, D., & Reed, J. Self-actualization and role adaptation of baccalaureate degree nurses. Nursing Research, March-April 1972, 21, 111-123.
- Levenstein, A. The role of values. Supervisor Nurse, June 1978, 64-66.
- Lockwood, A. L. The effects of values clarification and moral development curricula on school-age subjects: A critical review of recent research. Review of Educational Research, Summer 1978, 48, 325-364.
- Maslow, A. Motivation and personality. New York: Harper and Row, 1954, 1970.
- Osman, J. The use of selected values clarifying strategies in health education. Journal of School Health, 1974, 43, 621-623.
- Nursing Theories Conference Group. Nursing Theories: The Base for Professional Nursing Practice. Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1980.

- Raths, L. E., Harmin, M., & Simon, S. B. Values and teaching. Columbus, Ohio: Charles E. Merrill Publishing Co., 1966.
- Rogers, C. Client-centered therapy. Boston: Houghton Mifflin Co., 1951.
- Seeman, W., Nidich, S., & Banta, T. Influence of transcendental meditation on a measure of self-actualization. Journal of Counseling Psychology, 1972, 19, 184-187.
- Shostrom, E. L. An inventory for the measurement of self-actualization. Educational and Psychological Measurement, 1964, 24, 207-218.
- Shostrom, E. L. EITS Manual for the personal orientation inventory. San Diego, California: Educational and Industrial Testing Service, 1966.
- Shostrom, E. L. & Knapp, R. The relationship of a measure of self-actualization (POI) to a measure of pathology (MMPI) and to therapeutic growth. Journal of Psychotherapy, 1966, 20, 193-202.
- Simon, S. B. & Clark, J. More values clarification: Strategies for the classroom. San Diego: Pennant Press, 1975.
- Simon, S. B., Howe, L. W., & Kirschenbaum, H. Values clarification: A handbook of practical strategies for teachers and students. New York: Hart Publishing Company, Inc., 1978.
- Simpson, C. K. & Hastings, W. J. The castle of you: A personal growth workbook. Dubuque, Iowa: Kendall/Hunt Publishing Company, 1974.
- Steele, S. M., & Harmon, V. M. Values clarification in nursing. New York: Appleton-Century-Crofts, 1979.
- Ustul, D. B. The use of values clarification in nursing practice. Journal of Continuing Education in Nursing, May-June, 1977, 8, 8-13.
- Ustul, D. B. Searching for values. Image, February 1977, 9, 15-17.
- Ustul, D. B. Values and ethics: Considerations in nursing practice. Amherst, Mass.: Author, 1978.

Uustal, D. B. Values clarification in nursing: Application to practice. American Journal of Nursing, December 1978, 2058-2063.

Weir, W. R. & Gade, E. M. An approach to counseling alcoholics. Rehabilitation Counseling Bulletin, 1969, 12, 227-230.

## APPENDIX A

LOYOLA UNIVERSITY MEDICAL CENTER  
MAYWOOD, ILLINOIS

INFORMED CONSENT

Subject's Name \_\_\_\_\_ Date \_\_\_\_\_

Project Title: The Effect of Values Clarification on the  
Level of Self-Actualization in Nurses

The purpose of this study is to determine whether a workshop designed to help you clarify your personal and professional values will help you grow towards positive mental health (self-actualization). The workshop will be organized into four two-hour sessions over a four week period and will be limited to fifteen participants. Through the use of written exercises, lectures, and sharing with other participants, you will attempt to clarify your values and the effect your values have on you in your professional role. The workshop is not an indoctrination of a specific set of beliefs or values, but rather an opportunity to discover what is meaningful to you. Before and after the workshop you will be requested to answer a set of 150 questions which reflect psychological well-being. The test will be given to you before and after the workshop to measure changes that might occur. The test consists of either-or statements in which you indicate the statement that is most like you on the answer sheet and requires about twenty to thirty minutes of your time to fill out. A short background questionnaire will be given with the second test.

The testing is anonymous and therefore does not require the use of your name. A code number will be given to you for the matching of your questionnaire, and pre- and post-tests. All information will be held strictly confidential and only used for the purpose of this study. All materials used in this investigation will be destroyed (burned) after the study is complete. In addition to the benefits you may obtain personally from participating in the values clarification workshop, including C.E.U.'s, you will be contributing to research that will eventually benefit other nurses and ultimately improve patient care.

The cost of the testing will be assumed by the investigator, there will be no financial cost to you regarding the testing itself.

CONSENT

I have fully explained to \_\_\_\_\_ the nature and purpose of the above described procedure and the risks that are involved in its performance. I have answered and will answer all questions to the best of my ability.

\_\_\_\_\_  
(Signature: Principle Investigator)

I have been fully informed of the above-described procedure with its possible benefits and risks. I give permission for my participation in this study. I know that \_\_\_\_\_ or her associates will be available to answer any questions I may have. If, at any time, I feel my questions have not been adequately answered, I may request to speak with a member of the Medical Center Institutional Review Board. I understand that I am free to withdraw this consent and discontinue participation in this project at any time. I have received a copy of this informed consent document.

I understand that biomedical or behavioral research such as that in which I have agreed to participate, by its nature, involves risk of injury. In the event of physical injury resulting from these research procedures, emergency medical treatment will be provided at no cost, in accordance with the policy of Loyola Medical Center. No additional free medical treatment or compensation will be provided except as required by Illinois law.

In the event I believe I have suffered any physical injury as a result of participation in the research process, I may contact Dr. Aladjem, Chairman, Institutional Review Board for Protection of Human Subjects at the Medical Center.  
(312) 531-3380.

I consent to the publication of any data which may result from these investigations for the purpose of advancing medical knowledge, providing my name or any other identifying information (initials, social security numbers, etc.) is not used in conjunction with such publication.

\_\_\_\_\_  
(Signature: Subject)

\_\_\_\_\_  
(Signature: Witness to Signature)

## APPENDIX B

BACKGROUND QUESTIONNAIRE

1. What is your age? \_\_\_\_\_
2. What is your sex? \_\_\_\_\_ female \_\_\_\_\_ male
3. What area of Specialty (or work choice) are you working in at this time?

\_\_\_\_\_ Psychiatric  
\_\_\_\_\_ Critical Care  
\_\_\_\_\_ Med./Surg.  
\_\_\_\_\_ OB/Peds  
\_\_\_\_\_ Other (please identify)

4. How long have you worked in this specialty area:  
\_\_\_\_\_ years \_\_\_\_\_ months
5. How long have you worked on your present clinical unit?  
\_\_\_\_\_ years \_\_\_\_\_ months
6. How long have you worked at your present institution?  
\_\_\_\_\_ years \_\_\_\_\_ months
7. Have you ever participated in a Value's Clarification Workshop before? \_\_\_\_\_ yes \_\_\_\_\_ no. How long ago was this? \_\_\_\_\_  
\_\_\_\_\_ years \_\_\_\_\_ months

How many hours did you participate at that time? \_\_\_\_\_



8. What is your highest level of education?

\_\_\_\_\_ A.D.N.

\_\_\_\_\_ M.S.N.

\_\_\_\_\_ Diploma

\_\_\_\_\_ Other

\_\_\_\_\_ B.S.N.

9. Are you currently in school? \_\_\_\_\_ Working toward  
what degree? \_\_\_\_\_

10. Have you participated in any counseling, therapy or  
other values clarification seminars during the last  
month? \_\_\_\_\_

11. Has anything happened to you in your personal life  
during this last month that has significantly affected  
your mental health status or growth?

\_\_\_\_\_ yes

\_\_\_\_\_ Positively affected me

\_\_\_\_\_ Negatively affected me

\_\_\_\_\_ no

Briefly describe (optional):

## APPENDIX C

Purpose: To offer a workshop in Values Clarification to nurses working in a hospital setting in order to facilitate self understanding and identification of significant values both personally and professionally. The workshop will be organized into four 2 hour sessions over a month's time. The group size will be limited to 15 participants. The group leader will be Sharon Van Lanen, R.N., B.S.N.

OBJECTIVES	CONTENT	METHOD, MATERIALS	TIME	INSTRUCTOR
<u>FIRST SESSION</u>				
<p>Introductions</p> <p>As a result of this workshop each participant will be able to:</p> <p>Identify professional values, beliefs and attitudes</p> <p>Experience sharing of values, attitudes and beliefs with others in an open</p>	<p>Participants - Who are you? Why did you come?</p> <p>Leader - course objectives - establishment of group norms, for eg. "no put downs" "right to pass" "active listening" "killer statements"</p> <p>-identification of values, attitudes or beliefs about the participant as a nurse, as a person, as a family member, etc.</p> <p>-discussion of rationale behind identified values, attitudes, or beliefs</p> <p>-identification of conflicts</p>	<p>1. Round table discussion</p> <p>2. Lecture with hand-outs listing objectives and "norms"</p> <p>1. "Name Tag" strategy (Uustal)</p> <p>2. "Unfinished Sentences" strategy (Uustal)</p> <p>3. Sharing of above exercises with other individuals in the group.</p>	<p>20 mins.</p> <p>1 hr. &amp; 40 mins.</p>	<p>Sharon Van Lanen, R.N., B.S.N.</p> <p>Sharon Van Lanen, R.N., B.S.N.</p>

OBJECTIVE	CONTENT	METHOD, MATERIALS	TIME	INSTRUCTOR
and supportive atmosphere	that participants may have experienced because of values, attitudes or beliefs			
<u>SECOND SESSION</u>				
Define what a value is and the seven steps of Louis Rath's valuing process	<ul style="list-style-type: none"> <li>-definition of what a value is</li> <li>-Rath's seven step valuing process</li> <li>-participant's identified values</li> </ul>	<ol style="list-style-type: none"> <li>1. Lecture with hand-outs of definition and valuing steps</li> <li>2. Participants will start to identify and list values they possess that fulfill the 7 steps of valuing</li> </ol>	45 mins.	Sharon Van Lanen, R.N., B.S.N.
Identify at least two professional values	<ul style="list-style-type: none"> <li>-identification of where the participant stands on various professional and personal issues using a 5 point Likert-type scale</li> <li>-identification of what things contribute to personal job satisfaction and enjoyment of professional role on any given day</li> <li>-participant's identified professional values</li> </ul>	<ol style="list-style-type: none"> <li>1. "Values Voting" strategy (Uustal)</li> <li>2. "What is a Perfect Day" strategy (Uustal)</li> <li>3. Participants will add two identified professional values to</li> </ol>	1 hr. & 15 mins.	Sharon Van Lanen, R.N., B.S.N.

OBJECTIVE	CONTENT	METHOD, MATERIALS	TIME	INSTRUCTOR
<p><u>THIRD SESSION</u></p> <p>Identify ethical dilemmas that cause conflict between an individual's value system and their professional role</p>	<p>-identification of where participants stand on issues relating to themselves in their professional role using a continuum type of scale. For example: abortion, unions, continuing education, peer review and professionalism</p> <p>-group identification of areas of values conflict experienced within the professional role</p> <p>-examination of personal and professional values regarding death, the dying patient and the prolongation of life through supportive measures.</p>	<p>meet the 7 step valuing process</p> <p>1. "Values Continuum" strategy (Uustal)</p> <p>2. "A Poem for Karen" strategy (Uustal)</p> <p>3. Sharing of above with both individuals and total group</p>	<p>2 hrs.</p>	<p>Sharon Van Lanen R.N., B.S.N.</p>

OBJECTIVE	CONTENT	METHOD, MATERIALS	TIME	INSTRUCTOR
<p><u>FOURTH SESSION</u></p> <p>Identify how the clarification of values can improve decision making ability and facilitate behavior consistent with the participant's value system</p>	<p>-prioritization of alternatives regarding value laden issues such as "The biggest problem facing our profession today", "Which diagnosis would worry you the most?", or "What makes you happiest in your work?"</p>	<p>1. "Forced-Choice Bank Ordering" strategy (Uustal)</p>	<p>1 hr. &amp; 45 mins.</p>	<p>Sharon Van Lanen, R.N., B.S.N.</p>
	<p>-identification of the "shoulds", "ought-tos" and choices experienced by each participant in personal and professional situations</p>	<p>2. "Decisions-Decisions-Decisions" strategy (Uustal)</p>		
		<p>3. Group discussion of decision making and the impact of values on decisions</p>		
Evaluation	Evaluation Tool	Written Response	15 mins.	Sharon Van Lanen, R.N., B.S.N.

SAMPLE VITA SHEET FOR INSTRUCTORS

NAME	<u>Van Lanen</u>	<u>Sharon</u>	<u>Mary</u>
	(Last)	(First)	(Middle)

ADDRESS	<u>8531</u>	<u>Crain</u>	
	(Number)	(Street)	

<u>Niles</u>	<u>Illinois</u>	<u>60648</u>
(City)	(State)	(Zip)

EMPLOYER	<u>Lutheran General Hospital</u>
----------	----------------------------------

<u>1775</u>	<u>Dempster</u>
(Number)	(Street)

<u>Park Ridge</u>	<u>Illinois</u>	<u>60068</u>
(City)	(State)	(Zip)

<u>EDUCATIONAL DATA</u>	<u>Institution</u>	<u>Major</u>	<u>Year</u>
-------------------------	--------------------	--------------	-------------

Basic Preparation	<u>Loretto Heights Col-</u>	<u>Nursing</u>	<u>1971</u>
	<u>lege, Denver, Colo.</u>		

Highest Degree Held	<u>Bachelor of Science in Nursing</u>
---------------------	---------------------------------------

PREVIOUS EXPERIENCE, INTEREST OR EXPERTISE IN RELATION TO THIS EDUCATIONAL OFFERING:

Experience as co-leader and leader of group therapy both inpatient and outpatient with psychosomatically ill adults (1972-1976)

Lectured on subjects such as pain, sexuality and stress to inpatients on psychosomatic unit (1973-1976)

While working in an Intensive Care Unit (1976-1978) I personally experienced many ethical dilemmas and values conflicts. Since that time I have been interested in developing methods of support for nurses who are faced with similar issues.

Responsible for education of nurses in both critical care skills and psychiatric skills while head nurse of Medical-Psychiatric Intensive Care Unit (1978-1980)

INA-CEARP 11/14/75

ECS:jj

Sample Vita Sheet for Instructors  
Page 2

Attended one day seminar on values clarification given by Diann Uustal, R.N. in Chicago, 1979.

Utilized values clarification strategies regularly (bi-monthly) with nursing staff of our unit in order to clarify values, discuss ethical dilemmas and strengthen team's esprit de corps (1979-1980)

Extensive literature review on values clarification; its origin, rationale for use with students and nurses, strategies and techniques, and research concerning the possible benefits for the participants (1980)

Currently attending Loyola University of Chicago full-time in pursuit of a Masters Degree in Mental Health Nursing (1980-81)



## EVALUATION OF VALUES CLARIFICATION WORKSHOP

1. To what degree did this workshop meet the stated objectives?

As a result of this workshop each participant will be able to:

- a. identify personal and professional values, beliefs and attitudes
- b. experience sharing of values, attitudes and beliefs with others in an open and supportive atmosphere
- c. define what a value is and the seven steps to Rath's valuing process
- d. apply the valuing process to expressed values, attitudes and beliefs
- e. identify at least two professional values
- f. identify ethical dilemmas that cause conflict between an individual's value system and their professional role
- g. identify how the clarification of values can improve decision making ability and facilitate behavior consistent with the participant's value system

Place an X in the space that corresponds to your evaluation of each objective

Not Met					Met
1	2	3	4	5	

2. To what degree did the workshop leader present the material in a concise method?

Not		Concise		
Concise				
1	2	3	4	5

3. Did you feel this workshop was relevant to your work situation at this time? Yes \_\_\_\_ No \_\_\_\_  
In what way?

4. What recommendations do you have for the following:

Length of program:

Size of group:

Leadership:

Format of the workshop:

Material presented:

COURSE CONTENTGetting to Know You. . .Name Tag

DIRECTIONS: This is a simple exercise which encourages you to think in terms of yourself. So often we take the time to think of other people we know and help them look at situations, but seldomly do we ask introspective questions of ourselves, about our direction, goals, characteristics, and values. This exercise which can be used to encourage a group in feeling comfortable with each other and in sharing ideas and questions with one another.

1. What are three of your most important career goals?
2. What are you most proud of about yourself?
3. What do you do on a daily basis that indicates you value "high level wellness?"
4. Name three people who have had a significant impact on your life?
5. Write as many adjectives that you feel best describe who you are . . .

## ADDITIONAL NAME TAG QUESTIONS

1. What would you like your colleagues/students say about you?
2. What are the most important qualities for a nurse to have?
3. What is your best personal trait? Best professional trait?
4. What do you want out of life?
5. If you could be anyone other than you, who would you choose to be?
6. What do you believe in most strongly?
7. Three things you would give to your children/significant person if you were to die shortly.
8. Four things you do well.
9. Three family celebrations or traditions you cherish.

10. What is your favorite book?
  11. How do you unwind?
  12. Five things you want to accomplish in your lifetime.
- 

Uustal, D.B. Values and ethics: considerations in nursing practice, 1978, pp. 14-15.

Unfinished Sentences

Complete the following sentences and examine the attitudes, feelings, and values.

I feel more competent in my position in nursing when

The quality I most admire in a leader is

I wish nursing directors and supervisors would

I think quality assurance

I believe continuing education

Those nurses I enjoy working with most are

In a group I am

With my team leader I

People who constantly change their minds

A demanding team leader makes me feel

I get real pleasure in nursing from

Patients are most anxious

My best asset as a nurse is

The primary purpose of nurse internship programs should be

The main reason for the exodus in nursing is

High level wellness means to me that

Nurses who wear long hair

Nursing autonomy

It is hard for me to admit that

People who work with me think I am

What I want most from nursing is

I am concerned most about the issue of unions in nursing  
because

Educational requirements in nursing

The thing that bothers me most about institutional  
licensure is

I am most effective with patients when

My greatest liability as a nurse is

Caring for a person who is critically ill is

---

Uustal, D.B. Values & ethics: considerations in nursing  
practice, 1978, pp. 63-64.

### Values Voting

Where do you stand on the following issues. Indicate your responses in the following manner:

SA - strongly agree	D - disagree
A - agree	SD - strongly disagree
U - undecided	

#### DO YOU BELIEVE...

1. \_\_\_ patients have the right to participate in all decisions related to their health care?
2. \_\_\_ that you are very successful at this point in your life?
3. \_\_\_ that nurses need a system designed to credit self study?
4. \_\_\_ in giving only handmade gifts as presents to special people?
5. \_\_\_ in active euthanasia?
6. \_\_\_ in passive euthanasia?
7. \_\_\_ that you would turn in a drug pusher?
8. \_\_\_ that continuing education should be mandatory?
9. \_\_\_ that patients should always be told the truth?
10. \_\_\_ that capital punishment should be forbidden by the constitution?
11. \_\_\_ that the standards of nursing practice should be enforced by state examining boards?
12. \_\_\_ that proposals to allow members of the health professions to actively end a person's life should be opposed by nurses?
13. \_\_\_ that nurses should be required to take relicensure exams every five years?
14. \_\_\_ that you would donate your organs after death?
15. \_\_\_ that patients have the right to refuse treatment the medical profession agrees will be significant for them?

## DO YOU BELIEVE...

16. \_\_\_ that patients have the right to access to their health record upon request?
17. \_\_\_ that people should retire at age sixty?
18. \_\_\_ in prolonging your own life by artificial means?
19. \_\_\_ in prolonging life by artificial means?
20. \_\_\_ you are a very organized person?
21. \_\_\_ in legalizing abortion?
22. \_\_\_ in permitting badly deformed newborns to die?
23. \_\_\_ in maintaining a "secrecy of silence" with a patient?
24. \_\_\_ think we ought to legalize marijuana?
25. \_\_\_ there should be a law guaranteeing medical care for each person in this country.

NOW GENERATE YOUR OWN VALUES VOTING QUESTIONS....YOU CAN DO IT!

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

---

Uustal, D.B. Balues & ethics: considerations in nursing practice, 1978, pp. 58-59.



### What a Perfect Day!

Enjoyment of your professional role is certainly fundamental to job satisfaction. There is a special reward of feelings of satisfaction at the close of a "perfect" day. In the space provided below, describe a perfect day for you in your area of nursing. Here are some questions to answer and include in your description--

Describe your feelings on this "perfect" day.

Is the accomplishment of tasks or of communication with individuals more prominent?

Which is more satisfying to you? (task or communication)

Which do you value more?

Is your "perfect" day filled mostly with things, ideas, or persons?

What do you need to do differently in your present position to make each day this fulfilling?

---

Uustal, D.B. Values & ethics: considerations in nursing practice, 1978, p. 79.

Values Continuum

Indicate where on the continuum you stand and describe in words your response.

1. I see myself as a leader.

ineffective in  
leadership position

extremely capable  
and competent

2. To what extent do you practice preventative health measures?

never

constantly

3. How do you feel about abortion?

not appropriate under  
any circumstances

abortion on demand  
for any woman

4. I am a very assertive person.

not at all  
like me

highly characteristic  
of me

5. I am afraid of dying.

No, I'm not.

I sure am!

6. I am an extremely responsible person.

not accurate

very accurate  
description of me

7. I believe in supporting a professional organization.

no, and I refuse to  
become a member of any  
professional organization

I belong to every  
professional group  
in existence

8. How do you feel about your decision making skills?

unable to make decisions  
without consulting others

good decision maker  
document decisions  
in writing

9. My feelings about continuing education are

---

does not encourage  
professional competence

---

stimulates the  
desire to remain  
competent

10. How do you feel about what nurses wear on duty?

---

always in full white

---

anything is appro-  
priate

11. What percentage of the time are you accountable for  
your actions?

---

0%

---

100%

12. What is your opinion regarding nursing unions?

---

unprofessional-will  
undermine professional  
growth

---

will help us achieve  
a stronger pro-  
fessional status

13. How do you like those in authority positions to relate  
to you?

---

act like good friends

---

very strict,  
demanding

14. How do you feel about taking a relicensure exam every  
5 years?

---

absolutely not!

---

definitely-only in  
area of practice

15. How do you feel about peer review?

---

if not evaluated,  
not rehired

---

good evaluation, in-  
crease in benefits,  
position, or pay

A POEM FOR KAREN  
by her Mother

I kiss her  
on her cheek  
She cannot feel  
my kiss

I look into her  
eyes  
She cannot see  
me

I call her name  
She cannot hear me

There is a grimace  
on her face  
She cannot feel  
the pain

A red light on  
the machine  
Tells me she is  
breathing

The machine is  
keeping her alive  
There is no life....

In my heart  
I hear my Karen  
whisper

Remove me from this  
machine  
Let my heart beat  
on its own

When it grows tired  
it will stop  
And, I will go to sleep

Do not wake me  
now  
Do not place me on  
that machine, again....

Let me sleep  
For I have waited  
long

Let me sleep,  
Peacefully, Eternally....

(Note: Julia Quinlan wrote this poem, and others, in the waiting room at St. Clare's Hospital, where she spent many hours alone with her thoughts.) 10/15/75

Karen Quinlan's poem--

What are your first thoughts, feelings, reactions,  
after reading this poem?

Why do you think you feel this way?

Is there any single factor that triggered this reaction  
in you most vividly?

What concerns you most about your own dying?

Have you talked with your family/important others about  
your feelings about dying?

If you had an "incurable" health problem and a limited  
time to live, would you want to know?

Your family to know?

A significant other in your life?

### DYING, DEATH, AND VALUING

How do you think Karen's mother feels about death?

If you were writing a poem about death, what position would you take? i.e., angry, sad, strike out, serious, mournful, serious, joyful.... explain your position and feelings.

What can a person do in retaliation against death? Can one "fight back"?

What do you think are the benefits of accepting the inevitable reality of death?

What are the advantages/disadvantages of "fighting for life" and having a strong "will to live"?

---

Uustal, D.B. Values & ethics: considerations in nursing practice, 1978, pp. 127-28.

Forced-Choice Rank Ordering

How do you prioritize the following alternatives? Remember, there are no right set of priorities. Probe your imagination and ask yourself WHY you feel the way you do. Share your feelings with a colleague and examine the additional alternatives presented. What are the values that seem to emerge in response to each question?

1. Which is the biggest problem facing our profession?  
☐ the leadership crisis in nursing  
☐ the exodus of nurses from nursing  
☐ the small number of continuing education programs
2. Which person seems the most foolish?  
☐ a woman with a lump in her breast who refuses to see a doctor  
☐ a man with COPD who will not stop smoking  
☐ a woman who wants her baby delivered at home
3. Which diagnosis would worry you the most?  
☐ cancer  
☐ a myocardial infarct  
☐ mental instability
4. What type of patient bothers you the most?  
☐ a confused patient  
☐ an angry, aggressive patient  
☐ a depressed, crying patient
5. What is the most important quality in a close relationship?  
☐ mutual respect  
☐ honesty  
☐ sensitivity
6. Which of these would be the most difficult for you to accept?  
☐ death of a parent  
☐ death of a spouse  
☐ your own death  
☐ death of your child
7. What do you think is most harmful to your health?  
☐ smoking marijuana on weekends  
☐ smoking cigarettes daily  
☐ drinking alcoholic beverages each evening

8. Where would you be during a strike by nurses?  
\_\_\_ in the midst of it, openly striking  
\_\_\_ at home trying to remain uninvolved  
\_\_\_ negotiating and informing nurses
9. Which would you most like to change?  
\_\_\_ your physical appearance  
\_\_\_ your personality  
\_\_\_ your professional abilities
10. With whom on a nursing team would you become most angry?  
\_\_\_ never completes assignments  
\_\_\_ rarely helps other team members  
\_\_\_ projects own feelings on patients
11. Which would you rather have happen to you if you had a serious health problem?  
\_\_\_ not be told  
\_\_\_ be told directly  
\_\_\_ find out by accident
12. What makes you happiest in your work?  
\_\_\_ skills using your hands in caring for a patient with complex needs  
\_\_\_ the ability to compile data and arrive at a nursing diagnosis  
\_\_\_ the ability to communicate easily and skillfully with patients
13. What would be the most difficult for you to do?  
\_\_\_ listen to and counsel a dying person  
\_\_\_ care for a person with serious burns  
\_\_\_ work in CCU full time
- 

Uustal, D.B. Values & ethics: considerations in nursing practice, 1978, pp. 60-61.

Decisions-Decisions-Decisions

Make a list of all the things that you can think of that you should do.....

Check those things on your list that you choose to do.

Are any of these choices on your list of things you love to do? Star those that are on your loves list too.

Select one thing you stated you should do and choose to do..

Who sits on your board of directors when it comes to this last choice?

What does each person encourage or discourage you from doing saying, or becoming?

Are you sitting at the head of your board of directors?

Who would you like to add to your board of directors?

Who would you like to dismiss from your board of directors?

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Uustal, D.B. Values & ethics: considerations in nursing practice, 1978, p. 35.



## APPENDIX D

illinois  
nurses'  
association

5 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS 60602 • (312) 236-9708

April 1, 1981

Sharon M. Van Lanen  
8531 Crain  
Niles, Illinois 60648

Dear Ms. Van Lanen:

Thank you for submitting your offering to the Illinois Nurses' Association Continuing Education Approval & Recognition Program (INA-CEARP).

We are happy to inform you that your offering,

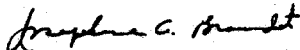
Values Clarification Workshop

has been recognized for 8 contact hours and is valid for presentation for a period of two years from the date of approval. The offering has been officially assigned INA-CEARP number 383-1355.

Please note the enclosed reference to our Criteria and Policies for guidelines relative to the responsibilities of sponsoring agencies in issuing certificates of attendance to the participants. If you determine that full attendance at every session is a prerequisite for the awarding of contact hours, it is suggested that you so inform the participants prior to the presentation date in order to avoid possible disappointment and misunderstanding.

We congratulate you on your efforts and look forward to working with you again on future continuing education offerings.

Sincerely,



Josephine A. Brandt  
Deputy Administrator

JAB:acr  
Encls.

**SEARCHING FOR VALUES DIANN B. UUSTAL, RN, MS**

8 MOSS LANE • AMHERST, MA 01002 • 413-256-0189

15 February 1981

Dear Sharon,

At this point you must be throughly frustrated! Apparently you have been trying to get in touch with me for some time. At any rate, my husband explained a little about your circumstances and I hope at this point it is not too late to write you. I have just returned from a lengthy teaching-house hunting tour in Arizona. You are the first person on my agenda to touch base with if that is any comfort!

Yes, you certainly have my permission to use the strategies from either the workbook or articles. You may adapt them as long as you indicate where the original strategy came from at the bottom of the page. Lippincott is publishing the latest book and they have been very picky about this since other people have abused the privilege. I would like to see what you design so that I can benefit too and learn from you--so please send me a copy or copies of whatever you design etc, Thanks for that!

If there is anything else that will help, please do not hesitate to call--I am usually writing in the evening since I, too, am in school and would be glad to hear from you.

Take care and I'm sorry for the delay in reaching out to you.

Cordially  
Diann Uustal

APPROVAL SHEET

The thesis submitted by Sharon M. Van Lanen has been read and approved by the following committee:

Dr. Linda Janusek, Director  
Assistant Professor, Maternal-Child Nursing, Loyola

Dr. Elizabeth Brophy  
Associate Professor, Psychiatric Nursing and  
Acting Director of the Graduate Program in Nursing,  
Loyola

Dr. Dona Snyder  
Assistant Professor, Maternal-Child Nursing, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing.

12-2-81  
Date

Linda Janusek RN, PhD  
Director's Signature